



An Intergenerational Mentoring Approach to Prevention

Andrea S. Taylor, Ph.D.

Temple University, Philadelphia Pennsylvania

(215) 204-6708

Program Description

Across Ages is a school and community-based drug prevention project targeting youth ages 9-13. The unique and highly effective feature of Across Ages is the pairing of older adult mentors (55+) with young adolescents, specifically those making the transition to middle school. The overall goal of the project is to increase the protective factors for high-risk students in order to prevent, reduce or delay the use of alcohol, tobacco and other drugs and the attendant problems associated with such use. Specific objectives include:

1. Increase the knowledge of health/substance abuse issues and foster healthy attitudes, intentions and behavior regarding drug use among targeted youth.
2. Improve school bonding, including academic performance, school attendance and behavior and attitudes toward school;
3. Strengthen relationships with adults and peers; and
4. Enhance problem-solving and decision-making skills.

The project components include:

1. **Mentoring**. Older adults (55+) are recruited from the community, trained and matched as mentors. Mentors spend a minimum of two hours per week in one-on-one contact with the youth.
2. **Community Service**. Youth spend 1-2 hours per week performing community service, which includes regular visits to frail elders in community nursing homes.
3. **Social Competence Training**. Across Ages utilizes the *Social Problem-Solving Module* of the Social Competence Promotion Program for Young Adolescents (Weissberg et. Al, 1990). The 26 lessons are taught weekly for 45 minutes.
4. **Family Activities**. Monthly weekend events are held for youth, their family members and mentors and include activities that are culture-specific as well as recreational, social and sporting events.

Target Population

The original project and two replications were designed and tested on African-American, Latino, Caucasian and Asian middle school students (6th grade) living in a large urban setting. Subsequent replications (50+) have been adapted for Native American, Caucasian, Latino and African-American youth, ages 9-13, living in urban, suburban and rural settings.

Risk factors for targeted youth include:

- Economically disadvantaged
- School failure
- Problem behavior in school;
- Few positive adult role models;
- Peer group engaged in risky behaviors
- Residence in communities with no opportunities for positive free-time activities;
- Youth in kinship care due to inability of birth parents to care for them, often due to incarceration or substance use.

Evaluation Design

The outcome research design was quasi-experimental rather than experimental since it was not possible to select schools on a completely random basis. A classic randomized pretest/posttest with a control group design was used (Campbell & Stanley, 1969) for the evaluation.

Group C: The control group did not receive the intervention. The control groups were matched demographically to each other and to the experimental groups.

Group PS: This group participated in the Positive Youth Development Curriculum (PYDC) and performed community service activities (dosage = 2 hours/wk). Caregivers and family members were invited to attend family workshops and activities.

Group MPS: This group participated in the PYDC, community service activities, and family workshops and activities. In addition, participants in this group were matched with older mentors with whom they met regularly for two to three hours per week (Dosage=4 hours a week_.

Outcomes for Youth

- Significant improvement in knowledge about and reactions to drug use;
- Significant decrease in substance use (e.g. alcohol and tobacco);
- Significant improvement in school-related behavior as measured by increased school attendance, decreased suspensions from school and improved grades;
- Significant improvement in attitudes toward school and the future;
- Significant improvement in attitudes toward adults in general and older adults in particular;
- Improvement in well-being;

The level of mentor involvement was positively related to improvement on various outcome measures.

Outcomes for Families

- Increased participation in school related activities;
- More positive communication with children;
- Engaged in more activities (positive) as a family;
- Gained access to community resources; and
- Expanded support networks

